21-47388

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

AUG 2 3 2002

FORM D

THOMSON

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DA

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMP

OMB APPROVAL OMB Number: 3235-0076 Expires: March 31, 1991 Estimated average burden hours per response

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		. <i>U</i>
Name of Offering (check if this is an amendm	nent and name has changed, and indicate change.)	2)
Amulet Technologies, LLC Limited Liability Cor	mpany Membership Interests	
Filing Under (Check box(es) that apply): Rule	: 504 □ Rule 505 🗵 Rule 506 □ Section 4(6) □	ULOE
Type of Filing: ☑ New Filing ☐ Amendment		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	er	
Name of Issuer (check if this is an amendmen	it and name has changed, and indicate change.)	
Amulet Technologies, LLC		
Address of Executive Offices	(Number and Street City State Zin Code)	Telephone Numb

Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
275 Saratoga Avenue, Suite 230, Santa Clara, O	California 95050	(408) 244-0363
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	· · · · · · · · · · · · · · · · · · ·	

Brief Description of Business

Manufactures and sells integrated circuits and software

Marter action of and other marter and anti-	3 001111 41 01							
Type of Business Organization								
☐ corporation		limited par	tnership, alre	ady formed		\mathbf{x}	other (ple	ease specify):
business trust		limited par	tnership, to b	e formed			Limited I	Liability Compan
Actual or Estimated Date of Incorporation or	Organization:	Month	August	Year	1998	×	Actual	☐ Estimated
Jurisdiction of Incorporation or Organization	: (Enter two-	letter U.S. Pe	ostal Service	abbreviation	for State:			

CN for Canada; FN for other foreign jurisdiction)

CA

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managir 	ng partner o	f partnership issuers.		0 0.	
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	■ General and/or Managing Partner *
Full Name (Last name first, if ind	ividual)				
Borner, Willy					
Business or Residence Address	(Number an	d Street, City, State, Zip	o Code)		
21076 Grenola Drive, Cupertino,					
Check Box(es) that Apply:		⊠ Beneficial Owner	☑ Executive Officer	☐ Director	⊠ General and/or Managing Partner *
Full Name (Last name first, if ind	ividual)				
Klask, Kenneth J.				· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address	(Number an	d Street, City, State, Zip	o Code)		4
4363 Montmorency Court, San Jo				· · · · · · · · · · · · · · · · · · ·	
	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number an	d Street, City, State, Zip	Code)		<u>'</u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				Trianagnig Latinot
C.	•				
Business or Residence Address	(Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)			,	·
Business or Residence Address	(Number an	d Street, City, State, Zip	Code)		
	 			·	

^{*} Managers

	<u> </u>		 .		B. INFO	DRMATIC	N ABOU	T OFFER	ung				
	77		1									Yes	
1.			or does the endix, Colu				redited inv	estors in th	is offering?	•••••	*******************		Æ
2.					•		y individu:	ıl?		••••	•••••	\$	20,000
			,									V	NI.
3.					_							Yes ⊠	s No □
4.	Enter the any commente offerior SEC and listed are dealer on	informationssion or ng. If a poor with a associated by.	on request similar rer erson to be state or st d persons of	ed for eac nuneration e listed is ates, list tof such a	h person n for solic an associa he name broker or	who has be itation of p ited person of the brol dealer, yo	een or will ourchasers or agent ker or deal u may set	be paid of in connect of a broken er. If mon forth the i	r given, dir ion with sa or dealer re than five nformation	rectly or in ales of sect registered e (5) perso a for that b	directly, irities in with the ns to be roker or		`
Full Na	me (Last na	me first, if	individual)							-		
No one with sal	has been or es of securi	r will be p ties in this	aid or give offering.	n, directly	or indirec	tly, any co	mmission	or similar r	emuneratio	n for solici	tation of pu	irchasers ii	n connection
Busines	s or Resider	nce Addres	ss (Number	and Stree	t, City, Sta	te, Zip Coo	ie)						
Name o	f Associated	d Broker o	r Dealer										
State in	Which Pers												
	(Check "A	All States"	or check in	dividual S	tates)	••••••	••••••	••••••					All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)								<u> </u>	
Busines	s or Resider	nce Addres	ss (Number	and Street	t, City, Sta	te, Zip Coo	le)						
Name o	f Associated	d Broker o	r Dealer		:								
State in	Which Pers	on Listed	Has Solicit	ed or Inter	ds to Solid	it Purchase	ers ·				·		
	(Check "A	All States"	or check in	dividual S	tates)	•••••	•••••••	•••••••••••	••••••	•••••••	•		All States
-	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)									
Busines	s or Resider	nce Addres	ss (Number	and Street	t, City, Sta	te, Zip Coo	le)		······¥				
Name o	f Associated	d Broker o	r Dealer		 -		···						
State in	Which Pers									· · · · · · · · · · · · · · · · · · ·		·	
	(Check "A	All States"	or check in	dividual S	tates)	•••••	•••••••	•••••		•••••	•••••		All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange of offering, check this box: and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•
		Aggregate Offering	Amount Already
	Type of Security	Price	Sold
	Debt'	\$0	\$0
	Equity	\$0	\$0
	☐ Common ☐ Preferred	\$0	\$0
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Limited Liability Company Membership Interests)	\$1,000,000	\$1,000,000
	Total	\$1,000,000	\$1,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Ассте	edited Investors	. 5	\$1,000,000
Non-a	accredited Investors	0	. \$0
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Not Applicable.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	Ñ/A
	Regulation A	N/A	N/A
	Rule 504	N/A	· N/A
	Total	N/A	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$10,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (specify)		\$0
	Total	· 🖳	\$10,000

	 b. Enter the difference betwe - Question 1 and total expenses furn difference is the "adjusted gross pro 					\$990,00
5.	Indicate below the amount of the adused for each of the purposes shown estimate and check the box to the leequal the adjusted gross proceeds to	n. If the amount for any purpose is n ft of the estimate. The total of the p	ot known, furnish an ayments listed must			
	above.			Payments to Officers, Directors, & Affiliates		Payments To Others
Salari	es and fees			\$0		\$
Purch	ase of real estate			\$0		\$
Purch	ase, rental or leasing an installation of n	nachinery and equipment		\$0		\$
Const	ruction or leasing of plant buildings and	facilities		\$0		\$
offerin	sition of other businesses (including the ng that may be used in exchange for the pursuant to a merger)	assets or securities of another		· \$0		c.
	ment of indebtedness			\$0 \$0		3)
	ing capital			, , , , , , , , , , , , , , , , , , , ,		2,
	- ·		•	\$0	区	\$
	(specify): Capital Contribution to Amu	•		\$0 	- <u>IX</u> - —	\$990,00
*	nn totals		š.			\$990,000
Total	Payments Listed (column total added)					\$990,00
<u>.</u>		D. FEDERAL SIGNATURE				
signat	isuer has duly caused this notice to be si ure constitutes an undertaking by the iss nation furnished by the issuer to any nor	gned by the undersigned duly authorsuer to furnish to the U.S. Securities	and Exchange Commiss	sion, upon written requ		
Issuer	(Print or Type)	Signature		Date		
Amulo	et Technologies, LLC	By: Kenth 16	lash	August	16	2002
Name	of Signer (Print or Type)	Title of Signer (Print or Time)				

Instruction:

Kenneth J. Klask

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.252(c) disqualification provisions of such rule?	, (d), (e) or (f) presently subject to any of the	Yes □	No ⊠
	See Appendix, (Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required?	furnish to any state administrator of any state in w	hich this notice is	s filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written rec	quest, information	n furnished by the issuer to
4.	•	ssuer is familiar with the conditions that must be sa n which this notice is filed and understands that t these conditions have been satisfied.		
	issuer has read this notification and knows the ersigned duly authorized person.	e contents to be true and has duly caused this notice	to be signed on it	ts behalf by the
	ner (Print or Type) ulet Technologies, LLC	Signature By: Vennt A Mak	Date	sust 16, 2002
Na	me (Print or Type)	Title (Print or Type))
Kei	nneth J. Klask	President		

APPENDIX

1	[2	3			4	· <u> </u>		5
	non-ac	to sell to ecredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		Disqual under State yes, attach o waiver (Part E-	e ULOE (if explanation f granted)
State	Yes	No	Limited Liability Company Membership Interests \$1,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		х	Same as above	0		. 0			X
AK		х	Same as above	1	\$20,000	0			Х
AZ		X	Same as above	0	·	0			X
AR		Х	Same as above	0		0			Х
CA		Х	Same as above	3	\$165,000	0			Х
СО		X	Same as above	0		0			X
СТ		X	Same as above	0		0			X
DE		X	Same as above	.0		0			Х
DC		Х	Same as above	0		0			Х
FL		X	Same as above	0		0 .			X
GA		X	Same as above	0		0			X
НІ		Х	Same as above	0		0			Х
ID		X	Same as above	0		0			X
IL		Х	Same as above	0		0			Х
IN		Х	Same as above	0		0		ı	Х
IA		Х	Same as above	0		0			х
KS		Х	Same as above	0		0			Х
KY		х	Same as above	0		0			Х
LA		X	Same as above	0	·	0			Х
ME		Х	Same as above	0		0			Х
MD		Х	Same as above	0		0			X
MA		Х	Same as above	0		0			X
MI		X	Same as above	0		0			X
MN		Х	Same as above	0		0			х
MS		Х	Same as above	0		0			Х
MO		Х	Same as above	0		0			Х

APPENDIX

1	Intend non-ac investor	to sell to ceredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Liability Company Membership Interests \$1,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT		X	Same as above	0		0			Х
NE		Х	Same as above	0		0			Х
NV		х	Same as above	0		0			Х
NH		Х	Same as above	0		0		·	X
NJ .		Х	Same as above	0		. 0			Х
NM		Х	Same as above	0		0			X
NY		х	Same as above	0		0 -			Х
NC		Х	Same as above	0		0			Х
ND		х	Same as above	0		0			Х
ОН		Х	Same as above	0		0			X
ок		Х	Same as above	0		0			Х
OR		X	Same as above	0		0			Х
PA		Х	Same as above	0		0			Х
RI		Х	Same as above	0		0	<i>.</i>	-	. X
SC		Х	Same as above	0		0			Х
SD		х	Same as above	0		0			X
TN		Х	Same as above	0		0			Х
TX		х	Same as above	0		0			X
UT		х	Same as above	0		0			X
VT ·		X	Same as above	0		0			X
VA		X	Same as above	0		0			X
WA		X	Same as above	1	\$815,000	0			Х
wv		X	Same as above	0		0			Х
WI		Х	Same as above	0		0			X
WY		X	Same as above	0		0			х
PR		х	Same as above	0		0			X